



School :
Address :
Contact person :
E-mail :
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Fax :

Fax Transmission

To :	Project Director	From :	
Fax :	(852) 2899-2045	Page :	
Tel :	(852) 2899-2035	Date :	
Re :	JRFH Proposal	c.c. :	
<input type="checkbox"/> Urgent <input type="checkbox"/> For your information <input type="checkbox"/> For your comments <input type="checkbox"/> Please reply			

<i>Teaching skipping skills</i>	Date: _____
No. of participants: _____	(Class: _____)
<i>Heart Health Education</i>	
Date: _____	
Time: _____	
Venue: _____	
No. of participants: _____	(Class: _____)
Format: _____	
<i>Fund raising</i>	
Date: _____	
Venue: _____	
No. of participants: _____	(Class: _____)
Format: _____	
<i>Jump Off Day</i>	
Date: _____	
Time: _____	
Venue: _____	
No. of participants: _____	(Class: _____)
Format: _____	